U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440. For Official Use Only JUN 2 1 2005

3. Name and address of person filing.

1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2001 Through: 12 / 31 / 2001

4. Name, file number, and address of labor organization.

Name Lloyd Goldenberg Name UNITE  Labor Organization File Number 000-381  P.O. Box, Bildg., Room No., if any 10th Floor  Street 275 Seventh Avenue Street 275 Seventh Avenue  City New York State New York ZIP Code + 4 10001  Street New York ZIP Code + 4 10001  Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  A. Held an interest in, engaged in transactions (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bildg., Room No., if any  Trade Name, if any:  Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)  Date Telephone Number Telephone Number		
P.O. Box, Bidg., Room No., if any 10th Floor  Street 275 Seventh Avenue  City New York  State New York ZIP Code +4 10001  State New York ZIP Code +4 10001  State New York ZIP Code +4 10001  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monerary value from an employee whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  7.a. Nature of interest, Transaction, or income.  7.b. Amount.  7.b. Amount.  7.b. Amount.  Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belef, true, correct, and complete. (See the section on penalties in the instructions.)	Name Lloyd Goldenberg	Name UNITE
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State New York ZIP Code + 4 10001 State New York ZIP Code + 4 10001  5. Position in labor organization. Chief Financial Officer  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other exconomic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  On ### 15 OS 732 591 - 0843	Street 275 Seventh Avenue	Street 275 Seventh Avenue
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Trade Name, if any:  P.O. Box, Bldg., Room No., if any  7.b. Amount.  Street  City  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  On ##15.05 732 591-08#3		
P.O. Box, Bldg., Room No., if any  7.b. Amount.  Street  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  On 4/13/05 732 57/ - 0843	Name	
State  Signature  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  On 4/15/05 732 591 0843	Trade Name, if any:	
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Totopriole Hamber		and a factor of the same of th

8. Name and address of Business (including trade name, if any).  Name Amalgamated Bank  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 15 Union Square  City New York  State New York ZIP Code + 4 10003	9. Business deals with:  X a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Amalgaated Bank  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	No stocks	
Street 15 Union Square	11,b. Approximate dollar value of such dealing.	0
City New York	12.a. Nature of interest held or income receiv	red.
	12.b. Amount.	\$6,000
C. Received from any employer (other than an employer covered upon from any labor relations consultant to an employer any payment of mon 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:	nder parts A and B above) ney or other thing of value.  14.a. Nature of payment.	
P.O. Box, Bldg., Room No., if any Street City		